

# Independent Resolutions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/06/2012

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Two day inpatient stay; L4-S1 Open 360 fusion; Lumbo-Sacral Orthosis

### A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Orthopedic Spine Surgeon, Practicing Neurosurgeon

### REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ Upheld (Agree)

☒ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.**

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Request for IRO 07/17/12

Utilization review determination 06/21/12

Utilization review determination 07/13/12

Radiographic report lumbar spine 09/13/11

Physical therapy evaluation 09/28/11

Clinical records Dr.

MRI lumbar spine 11/03/11

Clinical records Dr. 12/07/11-05/02/12

Designated doctor evaluation 02/09/12

Procedure report transforaminal selective nerve root and epidural steroid L5-S1 04/23/12

Behavioral medicine evaluation 05/24/12

### PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant's a male who's reported to have sustained work related injuries on xx/xx/xx. It was reported that while exiting a truck he stepped into a hole he landed on his buttocks and subsequently developed low back pain records indicate that the claimant underwent radiographs of the lumbar spine on 09/13/11 this study notes a 10mm anterolisthesis of L5 on S1 with narrowing of the L5 on S1 or L5-S1 disc space. The claimant received a course of physical therapy and oral medications.

The claimant was referred for MRI of the lumbar spine on 11/03/11. This study notes a grade 1 spondylolisthesis of L5 on S1 with severe neural foraminal narrowing on the right and moderate neural foraminal narrowing on the left. There is spinal stenosis at L2-3 due to a broad based disc protrusion and posterior element degenerative changes. There's a small superimposed extruded fragment extending inferiorly from a disc space in a right paracentral location.

The claimant was ultimately referred to Dr. on 12/07/11. Physical examination he's noted to be 5'9" tall weighs 225 pounds he's noted to have weakness in the bilateral tibialis anterior rated as 4/5 weakness in the EHLs bilaterally graded 5-/5 there's negative straight leg raise bilaterally sensation is intact. He is noted to have a significant amount of difficulty standing up from sitting position. He ambulates with a cane. He has excruciating pain when standing upright. He can extend to less than 5 degrees. He is able to heel toe walk with

difficulty. The claimant is noted to have a grade 1 spondylolisthesis at L5-S1 with severe neural foraminal narrowing on the right and moderate neural foraminal narrowing on the left.

Radiographs performed at this visit note a grade 1 to grade 2 spondylolisthesis at L5-S1

On 02/09/12, the claimant was seen by designated doctor. His patellar reflexes were noted to be diminished bilaterally, ankle reflexes were normal, a positive straight leg raise on the left, and guarded motions. The designated doctor finds that the mechanism of injury exacerbated his pre-existing conditions.

Records indicate that on 04/23/12 the claimant underwent a left sided selective nerve root block at L5-S1 he received approximately 30% improvement for two to three days. On physical examination he's noted to have some progression of motor strength weakness he subsequently is recommended to undergo decompression and fusion at L4-5 and L5-S1. The claimant was referred for a psychiatric evaluation on 05/24/12 and subsequently cleared for surgical intervention.

The initial review was performed on 06/21/12 by Dr. Dr. notes that without instability at L4-5 and consistent findings of radiculopathy the request would not meet Official Disability Guidelines criteria and non-certified the request.

A subsequent appeal request was reviewed by Dr. Dr. non-certified the request opining that the claimant has chronic problems. He notes that the claimant did not suffer acute injury he opines that all pain generators have not been identified and subsequently opines that the claimant does not meet criteria per Official Disability Guidelines

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The request for two day inpatient stay L4 through S1 open 360 degree fusion and lumbosacral orthosis is recommended as medically necessary and the prior utilization review determinations are overturned. The submitted clinical records indicate that the claimant exited a fire truck wearing 52 pounds of equipment and subsequently fell upon his buttocks. He's noted to have a grade 1 to grade 2 spondylolisthesis at L5-S1. Imaging studies further indicate collapse of the L5-S1 disc space as well as significant degenerative findings at L4-5. Structurally with the performance of a single level fusion at L5-S1; the L4-5 level would be unable to support the subsequent change in spinal dynamics and the claimant would require additional surgery. The submitted clinical records indicate that the claimant has a progressive neurological loss. The findings documented on physical examination are consistent with the imaging study it would further be noted that the claimant was seen by Dr. a designated doctor who finds the compensability for exacerbated finds compensability is an exacerbation of the pre-existing disease to include the spondylolisthesis at L5-S1. The claimant has appropriately been referred for psychiatric evaluation and as such meets the criteria per Official Disability Guidelines for the requested surgical procedure.

#### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)